Dane County SSI Managed Care Quality Improvement Committee
Draft MCO Quality Goals, Measures, and Indicators
2/8/05

Goal 1 Health: The Managed Care Organization and its providers provide the best possible health and mental health and substance abuse care to its consumers.

Goal 1		Data Source	Priority		
			High	Med	Low
Indicator 1	Enrollees receive evidence-based preventive care and screening.				
1.	• Immunizations	CLA			
2.	• Mammography	Enc Data – (MEDDIC)			
3.	• Pap/pelvic	Enc Data – (MEDDIC)			
4.	• Flexible Sig. or stool guiaic	Chart Rev			
5.	• Diabetes care management; retinal eye exam	Enc Data – (MEDDIC)			
6.	• Body Mass Index	Chart Rev			
7.	• Screen for mental health (MH)/(SA)	ICD9 V79			
8.	• Screen for trauma	Chart Rev			

Note: Need to consider frequency and validity of screens.

Goal 1		Data Source	Priority		
Indicator 2	Health status of enrollees is optimal as reported by enrollee.		High	Med	Low
9.	• % of enrollees reply on consumer satisfaction survey that their health status is good or excellent	CAHPS Survey			

Goal 1		Data Source	Priority		
Indicator 3	People with a major mental illness (MMI) receive effective, recovery-based treatment. BRC 1 & 2		High	Med	Low
10.	• % of enrollee with a major mental illness who reply positively on survey about quality and effectiveness of services	Consumer Survey (CAHPS, ECHO,ROSA, MHSIP, etc.)			
11.	• Reduction in the reliance on all court-ordered treatment for mental health consumers	DCMH			
12.	• Increased employment or school enrollment status	HSRS MH Field 38,39,40			
13.	• Increased or retained stability in living situation	HSRS MH Field 37			
14.	• Decreased or no involvement with the Criminal Justice System	HSRS MH Field 41			
15.	• Decrease symptoms from mental illness as measured by the Global Assessment of Functioning (GAF) scale	HSRS MH Field 33			

Note: 1. Court-ordered treatment – Majority are civil; forensics is a small portion.
2. Need to define "employment". Consider paid work only.
3. Decrease symptoms – this doesn't measures subjective distress.

4. HSRS expanded module – HSRS is required of all publicly funded agencies. Would Dane County MH collect and submit through HSRS? Can HSRS data be gathered through long-term care mental health functional screen (LTC MH FS)?

Goal 1		Data Source	Priority		
Indicator 4	People with alcohol or drug abuse (AODA) who have received treatment within the last year receive effective, recovery-based treatment.		High	Med	Low
16.	• % of enrollee with alcohol or drug abuse who reply positively on survey about quality and effectiveness of services	Consumer Survey (CAHPS or ECHO)			
17.	• Retention in substance abuse treatment	HSRS AODA			
18.	• Increased employment status	HSRS AODA Field 16			
19.	• Increased or retained stability in living situation	HSRS AODA Field 30			
20.	• Abstinence or a reduction in use of non-prescribed alcohol or other drugs	HSRS AODA Field 28a-28c			
21.	• Emergency detoxification admissions.	Enc Data			
22.	• Decreased or no involvement with the Criminal Justice System.	DCMH			
23.	• Court-ordered treatment for AODA	DCMH			
24.	• Uniform Placement Criteria (UPC) or ASAM web-based screening tool	Chart Review			

Note: 1. Retention in SA Treatment is a key indicator of success. Reveals whether completed recovery-based treatment.
2. Need to define employment carefully.

Goal 1		Data Source	Priority		
Indicator 5	People with physical disabilities (PD) maintain or improve their functional status.		High	Med	Low
25.	• % of enrollee with physical disabilities reply positively on survey about quality and effectiveness of services	Add to CAHPS			
26.	• Satisfaction with care management	CAHPS			
27.	• Increased or retained employment status	CLA?			
28.	• Increased or maintained choice of Living Situation	CLA?			
29.	• Increased or maintained choice of personal or home care provider(s)	CLA or add to CAHPS?			
30.	• Access to community	LTC FS			
31.	• Peer Support	LTC FS			

Note: 1. How can we more narrowly define the population subset of Indicator 5?
2. The CLA quality workgroup plans to discuss the specifications and data collection options for items #25-31..

Goal 2: Access and Comprehensiveness: Access to full range of services to achieve desired health and mental health/substance abuse outcomes.

Goal 2		Data Source	Priority		
Indicator 1	People receive general health services		High	Med	Low
	Any medical office visit or any medical service	Enc Data (APS)			
32.	• Any Emergency Room (ER) visit	Enc Data			
33.	• Any ER visit without admission	Enc Data			
34.	• % of people who report good access to services	CAHPS			
35.	• No medical services	Enc Data (APS)			
36.	• Any outpatient mental health/ substance abuse service	Enc Data (APS)			
37.	• Crisis intervention services (carved out of capitation)	MMIS Claims-Enc Data			
38.	• Suicide rate of enrollees – Sentinel Event Rpt	CLA			
39.	• Emergency detentions for mental health (not just MMI)	DCMH			

Goal 2		Data Source	Priority		
Indicator 2	Enrollees receive dental services		High	Med	Low
40.	• Outpatient care – Dental preventive services	Enc Data (MEDDIC)			
41.	• Outpatient care – Dental encounters	Enc Data (MEDDIC)			
42.	• ER visits for non-injury related dental emergency	Enc Data			

Goal 2		Data Source	Priority		
Indicator 3	People with major mental illness have access to mental health services and supports.		High	Med	Low
43.	• Any outpatient mental health/substance abuse service	Enc Data (APS)			
44.	• ER visit for MH treatment	Enc Data			
45.	• Emergency detentions for mental health (no increase in emergency detentions for all people with a MMI diagnosis)	DCMH			
46.	• Peer support and peer provided support	MH FS/ MHSIP			

Goal 2		Data Source	Priority		
Indicator 4	People with substance abuse or dependency have access to substance abuse care		High	Med	Low
47.	• Access to any substance abuse service	Enc Data			
48.	• Any ER	Enc Data			
49.	• Emergency Detentions for Detox (51.45)	DCMH			
50.	• Peer support	CLA?			

Goal 2		Data Source	Priority		
Indicator 5	People with physical disabilities have access to specialty health care		High	Med	Low
51.	• Any office visit to a specialist, including psychiatry	Enc Data			
52.	• Any long-term care service (e.g., home health, personal care, durable medical equipment, occupational therapy, physical therapy, speech therapy)	Enc Data			
53.	• Any ER visit	Enc Data			
54.	• Any hospitalization for an ambulatory sensitive condition	Enc Data (APS)			
55.	• Peer Support	LTC FS			

Goal 3: Continuity and Coordination of Care: The managed care organization coordinates and facilitates communication and care to deliver services in the most effective and efficient manner.

Goal 3		Data Source	Priority		
Indicator 1	The needs of new enrollees are identified in a timely manner		High	Med	Low
56.	• New enrollees receive an initial assessment within 60 days	Add to Enc Data/ chart review			
57.	• New enrollees receive care plans in a timely manner	Add to Enc Data/ chart review			
58.	• Continuity of service, pre-post enrollment				
59.	• Reason for disenrollment	Disenrollment report			
60.	• Reason for opt out	Opt-out report			

Note 1 Need to clarify terms: "screen vs. assessment". Note 2: In addition to the number of people who disenrolled or opted out, is the reason for disenrollment or opt-out tracked?

Goal 3		Data Source	Priority		
Indicator 2	Enrollees with chronic conditions have those conditions managed appropriately to limit the need for more intensive treatment.		High	Med	Low
61.	• Any Ambulatory Sensitive Condition (ASC) hospitalization	Enc Data (APS)			
62.	• ER visit for ambulatory sensitive conditions	Enc Data (APS)			
63.	• Diabetes care management	Enc Data (MEDDIC)			
64.	• Inpatient psychiatric hospitalization to outpatient follow up within 7 days	Enc Data (MEDDIC)			
65.	• Any inpatient psychiatric re-hospitalization within 30 days (a planned hospitalization)	Enc Data (MEDDIC)			
66.	• Any inpatient psychiatric hospitalization for people with a major mental illness	Enc data (APS)			
67.	• Substance abuse detoxification admissions	Enc Data			
68.	• Any alcohol and other drug abuse inpatient hospitalization	Enc Data			

69.	• Proportion of enrollees with a major mental illness (MMI) receiving anti-psychotic medications that receive atypical anti-psychotic prescriptions	Enc Data			
70.	• Emergency detentions for mental health	DCMH			
71.	• Any hospitalization	Enc Data (APS)			

Goal 3		Data Source	Priority		
Indicator 3	Enrollees who have received hospital, ER, or detox inpatient care obtain timely follow-up care		High	Med	Low
72.	• Of those enrollees hospitalized, ER or re-hospitalization within 7 days	Enc Data			
73.	• Of those with a mental health hospitalization, ER or re-hospitalization within 7 days	Enc Data			
74.	• Of those with a substance abuse diagnosis who have a detox admission, ER visit or hospitalization, have another detox, ER or re-hospitalization within 7 days	Enc Data			
75.	• Of enrollees with Inpatient, ER, or detox, how many had follow-up within 7 days	Enc Data			

Goal 4: Consumer rights and input: The managed care organization is sensitive to consumer preferences, goals, and interests.

Goal 4		Data Source	Priority		
Indicator 1	Enrollees served by the Managed Care Organization (MCO) are involved in their service decisions and their preferences are considered.		High	Med	Low
76.	• % of enrollees denied services (by category)	DHCF Grievance Report			
77.	• % of enrollees reply on consumer satisfaction survey that the MCO's response to their preferences, goals and interests is good or excellent.	CAHPS			

Goal 4		Data Source	Priority		
Indicator 2	Enrollees served by the MCO have access to appropriate avenues to exercise their rights to grieve or appeal agency decisions.		High	Med	Low
78.	% of enrollees who file a grievance (by denial category)	DHCF Grievance Report			

Goal 4		Data Source	Priority		
Indicator 3	Enrollee rights are protected		High	Med	Low
79.	• Number of critical incident reports that involved rights violations of members.	CLA			

Goal 5: Consumer satisfaction: The managed care organization seeks to assure that consumers are satisfied with the manner in which services are delivered.

Goal 5		Data Source	Priority		
Indicator 1	Consumer satisfaction information will be collected periodically by the MCO through standard valid survey(s)	CAHPS, ECHO, ROSA, etc.	High	Med	Low